



WAIVER APPLICATION
School Year 2003-2004

This form is due no later than thirty days following placement of teacher in position for which waiver is being requested. Please submit copy with original signatures.

Check one:

☐ **EMPLOYMENT STANDARD WAIVER**
(Apprentice or Professional Licensed Teacher
lacking Endorsement(s) for Assignment(s).)

☐ 1st year ☐ 2nd year ☐ 3rd year (Special Education only)

Public school/State Special school personnel waivers should be mailed to Office of School Approval, 6th Floor Andrew Johnson Tower, 710 James Robertson Pkwy, Nashville, TN. 37243-0376.

HIGHLY QUALIFIED TEACHER: A core academic teacher holding a Bachelor's Degree and Teacher's License (no requirements waived) and meeting content requirements for grade/subject area.

NEW HIRE: A teacher employed in your system after the first day of the 2002-03 school year.

COMPLETE FOR FIRST YEAR APPLICANTS ONLY

1. New Hire: ☐ Yes ☐ No Date hired _____
2. Title I School or Targeted Assistance Program (Pull-Out): ☐ Yes ☐ No
3. Core Academic Subject: ☐ Yes ☐ No

COMPLETE FOR ALL APPLICANTS

1. Name _____
2. License No.: _____
3. Expiration Date: _____
4. Social Security No.: _____ - _____ - _____
5. School System: _____
6. System No.: _____
7. School Name: _____
8. School No.: _____
9. Position to be filled: _____
10. Grade Level(s): _____
11. Date teacher placed in position for which waiver is being requested: _____
12. Request for first year waiver must be submitted with copies of the advertisements posted in all the following:
 - 1) in the newspaper 2) on the internet 3) at the teacher training institutions

In addition, for each first year waiver application mailed, the school system must send an electronic list of the applicant pool for position for which the waiver is being requested. The postmark date of mailed waiver and the date information is electronically transmitted should be no more than one day apart. The electronically transmitted applicant pool must contain all persons applying for the position for which waiver has been requested as of the date of transmission.

FOR TRANSMITTING REQUIRED INFORMATION ELECTRONICALLY: The web-site address to access the file is: http://www.k-12.state.tn.us/sa_download.htm. The file name is W000-App-Pool. When you are ready to transmit your electronic file, please name it as follows: Use the letter W followed by your system number, followed by a hyphen, followed by the last name of the educator for whom you are requesting a waiver.

The school system is requesting a waiver of Rules, Regulations, and Minimum Standards 0520-1-2.03(1) [Employment Standards], "A teacher or principal shall hold a valid Tennessee Teacher License with an endorsement covering the work assignment."

It is the responsibility of each applicant to check with the Division of Licensure or the college or university in which enrolled for the specific course requirements the applicant must complete to obtain the required endorsement. Approval of this application is not approval of the official coursework outline or the program of studies for becoming endorsed. Approval of this application is not a waiver of the requirements for a specific endorsement or years of experience requirements of Rules, Regulations and Minimum Standards 0520-2-4 (Licensure).

13. Has the applicant been issued an alternative/interim license for the current year? ☐ Yes ☐ No
If yes, check type: Alternative A ☐ Interim B ☐ Alternative C ☐ Interim D ☐ Alternative E ☐

14. _____ If this waiver is requested for the FIRST YEAR, enter the total hours required for applicant to become endorsed in _____
 (Hours) (Name of Endorsement)
 Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
 (code) (code) (code) (code) (code)
15. _____ If this waiver is requested for the SECOND YEAR, enter the total hours COMPLETED since the first waiver was granted in: _____
 (Hours) (Name of Endorsement)
 Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
 (code) (code) (code) (code) (code)

NOTE: Second year waivers will be considered only if the applicant has completed coursework on the official coursework outline or the program of studies after the date waiver was requested and prior to the beginning of the new school year.

SPECIAL EDUCATION ONLY

16. _____ If this waiver is requested for the THIRD YEAR, enter the total hours COMPLETED since the second waiver was granted in: _____
 (Hours) (Name of Endorsement)
 Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
 (code) (code) (code) (code) (code)

NOTE: Third year waivers will be considered only if the applicant has completed coursework on the official coursework outline or the program of studies after the date waiver was requested and prior to the beginning of the new school year.

17. I certify that I plan to take the coursework to become fully endorsed in the position that I now occupy.

 Date

 Signature of Applicant

18. In compliance with the public laws of Tennessee, I hereby certify that this school system is unable to secure a highly qualified teacher, for the type and kind of school in which the vacancy exists. I recommend that the above requested waiver be issued.

 Director's Signature

(SEAL)

Sworn and subscribed to before me, this _____ day of _____, 20____

 Notary Public Signature

19. **SYSTEM CONTACT PERSON FOR WAIVER INFORMATION:**

Name: _____
 Telephone Number: _____
 E-mail Address: _____

Section V. FOR SDE ONLY

Assistant Commissioner/Executive Director:

Stamp date received _____ Recommendation: Approval _____ Non-Approval _____

 Assistant Commissioner's/Executive Director's Signature

 Date

Commissioner:

Final Action: Approval _____ Non-Approval _____

 Commissioner's Signature, State Department of Education

 Date